



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200001

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHMARK RESTAURANTS OF BEDFORD, INC.

DOING BUSINESS AS CAFE LUIGI

ADDRESS 00168B & 168C GREAT RD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: STOICO, RICHARD TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON THE FIRST FLOOR 30' X 25' WING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200003

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEDFORD COACH INC.

DOING BUSINESS AS SPARTA RESTAURANT

ADDRESS 321 GREAT RD.

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: STAMATAKOS,
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ONE ROOM, ENTRANCE AND EXIT AT FRONT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200004

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JALARAM KUTIR, INC.

DOING BUSINESS AS BEDFORD PLAZA HOTEL

ADDRESS 340 GREAT RD.

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: PATEL, SHAILESH TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

3 FLOORS AND UNDERGROUND GARAGE, FIRST FLOOR, 34 EFFICIENCIES, DINING ROOM, LOUNGE, LOBBY, COURTYARD AND POOL. 2ND FLR; 34 ROOMS, LOBBY AND RESTROOMS. 3RD FLR; 34 RMS, LOBBY, 2 FUNCTION ROOMS, CATERING AREA AND RESTROOMS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200005

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONY-HUNT-HAMILTON POST #221 AM.LEGION INC

DOING BUSINESS A

ADDRESS 357 GREAT RD.

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: JEWETT.ARTHUR TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
V.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS,ONE LARGE HALL,TWO RESTROOMS,KITCHEN AND COMMANDERS ROOM ON
MAIN FLOOR;LOWER LEVEL- 3 ROOMS AND TWO RESTROOMS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200006

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SGT.FRED.H.SULLIVAN V.F.W.#1628 BEDFD.MA.INC.

DOING BUSINESS A

ADDRESS 76 LOOMIS STREET

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: Lynch, Diane

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TOP FLOOR FOR OFFICES, MAIN FLOOR FOR CLUB AND MEETING ROOM. BASEMENT FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200007

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DESTINATION BEDFORD MANAGEMENT

DOING BUSINESS AS DOUBLETREE HOTEL BOSTON-BEDFORD

ADDRESS 44 MIDDLESEX TRNPKE.

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: LUONGO, LYNNE TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STORY MULTI LEVEL HOTEL WITH LOBBY, 286 GUEST ROOMS 16 BANQUET
CONFERENCE ROOMS, 2 RESTAURANTS AND BALLROOM FACILITIES

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200008

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GENETTI'S WINE AND SPIRITS, INC.

DOING BUSINESS AS

ADDRESS 170 GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: BORELLA,
ANDREW J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO BASEMENT AREAS; FRONT AND SIDE OF BLDG USED FOR SALES;
PORTION OF REAR AND BASEMENT USED FOR STOCK. TWO FRONT DOORS AND TWO
REAR DOORS OPENING TO PARKING LOT

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200009

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE BEDFORD PACKAGE STORE, INC.

DOING BUSINESS AS

ADDRESS 329 GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: BOLAND,
WILLIAM T.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE, ONE SIDE ENTRANCE, ONE REAR ENTRANCE, ONE FLOOR FOR
SALES AND STORAGE APPROXIMATELY 4,000 SQ. FT.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200010

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FITZGERALDS PACKAGE STORE, INC.

DOING BUSINESS AS

ADDRESS 36 NORTH ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: FITZGERALD,
DENNIS R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN BLDG, FIRST FLOOR FOR SALES AND STORAGE, CELLAR FOR
STORAGE, FRONT ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200011

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEDFORD CHINA CORPORATION

DOING BUSINESS AS THE GREAT WALL

ADDRESS 00309B GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: MOLVAR, ALICE TYPE OF LICENSE: Restaurant
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

309B GREAT RD., GREAT ROAD SHOPPING CENTER CONSISTS OF ONE LARGE DINING ROOM ON THE GROUND FLOOR. PARTITIONS WILL BE USED FOR PRIVATE PARTIES. ACCESS TO THE REST. WILL BE THROUGH THE FRONT DOOR WHICH WILL BE MAIN ENT. TO REST. EMERGENCY EXIT THROUGH SERVICE DOOR & KITCHEN.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200012

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKHOUT CORP

DOING BUSINESS AS DALYA'S RESTAURANT

ADDRESS 20 NORTH RD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: VANBERKHOUT, TYPE OF LICENSE: Restaurant
MITA T.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH 4914 SQ FT OF SPACE WITH SEATING FOR 100 PEOPLE, TWO DINING ROOMS, KITCHEN, STORAGE SPACE AND RESTROOMS. FOUR ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200013

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KH AND GC RESTAURANT, INC.

DOING BUSINESS AS GINGER JAPANESE CUISINE

ADDRESS 78 GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: CHANG, CHIH
MING

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS. FIRST FLOOR WITH KITCHEN, DINING AREA, TWO BATHROOMS, BASEMENT
WITH STORAGE AREA. DRESSING ROOM, UTILITY AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200014

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pakin, LLC

DOING BUSINESS AS Ka-noon Thai Cuisine

ADDRESS 00168F GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: Sahasakmontri,
Kanita

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQFT SINGLE ENTRY/EXIT LOCATED IN SHOPPING CENTR DINING AREA WITH SEATING FOR 98 PEOPLE, BAR, KITCHEN, STORAGE AREA, AND RESTROOMS ON ALL FLOORS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200015

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FLATBREAD BEDFORD, INC.

DOING BUSINESS AS THE FLATBREAD COMPANY

ADDRESS 213 BURLINGTON ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: Toomey, Sean

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200016

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN BEDFORD, INC.

DOING BUSINESS AS BAMBOO

ADDRESS 213 BURLINGTON ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: HUANG, ZHONG
QIANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE
BAR 654 S/F; DINING AREAS 3,549 S/F; SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306
S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200017

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Craighouse Management, Inc

DOING BUSINESS AS The Melting Pot

ADDRESS 213 Burlington Rd

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: Skedd, Brian

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5200 sq ft, one main entrance, 2 emergency exits, 65 parking spaces, seating for 160 and 200 occupancy with staff

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200019

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MUSTARD GREEN INC.

DOING BUSINESS AS ASIANA BISTRO

ADDRESS 200 THE GREAT ROAD, UNIT #1A-2B

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: HO, MAN CHIU

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3500 SQ. FT. SPACE WITH ONE ENTRANCE AND TWO EMERGENCY EXITS LOCATED
WITHIN THE FIRST FLOOR OF A MIXED-USE COMMERCIAL BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200020

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIREBOX BBQ,LLC

DOING BUSINESS AS FIRE BOX BBQ

ADDRESS 347 GREAT ROAD

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: GOLDSTONE,
DAVOD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,500 SQ. FT. RESTAURANT WITH 44 SEATS, OPEN KITCHEN AND SERVICE COUNTER, 2 RESTROOMS AND OFFICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008200021

CITY OR TOWN BEDFORD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOARDROOM BISTRO LLC

DOING BUSINESS AS BOARDROOM BISTRO

ADDRESS 54 MIDDLESEX TURNPIKE

CITY/TOWN: BEDFORD

STATE: MA

ZIP CODE: 01730

MANAGER: KARASOULOS,
NICHOLAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3583 SQ FT OF SPACE LOCATED IN THE NORTHEAST CORNER OF THE OFFICE BUILDING
IN MIXED USED ZONE WITH ACCESS TO OUTSIDE FRONT OF BUILDING AND FROM
INSIDE OF BUILDING WITH TOTAL SEATING NOT TO EXCEED 96 INCLUDING THE 14
SEATS ON PATIO SEASONALLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE: